

# FAX

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**JUL 07 2004**

**ATTN. Tadesse Hailu**

**Fax Number 1 703 872 9306**

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**OFFICIAL**

**FROM Volel Emile**

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**SUBJECT Response to Office Action (09/920,404)**

**Number of Pages 18**

**Date 7/7/2004**

## **MESSAGE**

**This fax transmission includes:**

- 1. one copy of a Fax Transmittal Form;**
- 2. two copies of a Fee Transmittal Letter; and**
- 3. one copy of the Response.**

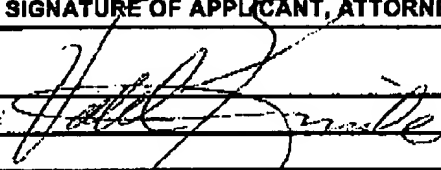
**Volel**

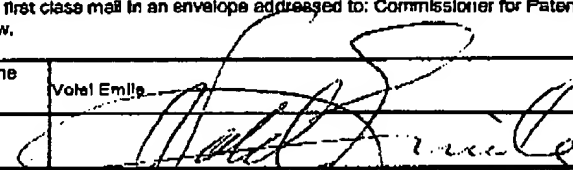
PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                        |                      |
|---|------------------------|----------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/920,404           |
|   | Filing Date            | 08/02/2001           |
|   | First Named Inventor   | Bernardino Salvatore |
|   | Art Unit               | 2173                 |
|   | Examiner Name          | Taddeac Hallu        |
| Total Number of Pages in This Submission  | Attorney Docket Number | GB920000088US1       |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |  |
| Firm or Individual name  | Volel Emile  |  |
| Signature  |   |  |
| Date   | 07/07/2004   |  |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |                 |
|---|---|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |                 |
| Typed or printed name   | Volel Emile   |                 |
| Signature   |  | Date 07/07/2004 |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DOCKET NUMBER: GB920000088US1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :  
           Berardino Salvatore : Before the Examiner:  
                                   : Tadesse Hailu  
 Serial No: 09/920,404 :  
                                   : Group Art Unit: 2173  
 Filed: 08/02/2001 :  
                                   : Confirmation No.: 5864  
 Title: GRAPHICAL USER INTERFACE :

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

       No additional fee is required  
  X   The fee has been calculated as shown below:

|   | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid For |   | Present<br>Extra | Rate    | Addit.<br>Fee |
|---|---|-------|---------------------------------------|---|------------------|---------|---------------|
| Total                                   | 20  | MINUS | 20                                    | = | 0                | x 18 =  | \$ 0.00       |
| Indep.                                  | 8   | MINUS | 3                                     | = | 5                | x 86 =  | \$430.00      |
| 1st Presentation of Multiple Dep. Claim |   |       |                                       |   |                  | x 260 = | \$ 0          |
| TOTAL                                   |   |       |                                       |   |                  |         | \$430.00      |

  X   Please charge my Deposit Account No. 09-0447 in the amount of \$ 430.00.  
 A duplicate copy of this sheet is enclosed.

  X   The Commissioner is hereby authorized to charge payment of the following  
 fees associated with this communication or credit any overpayment to  
 Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

  X   Any additional fees required under 37 CFR \$1.16 for the presentation  
 of extra claims.

  X   Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By: 

Volel Emile  
 Registration No. 39,969  
 (512) 306-7969

Appl. No. 09/920,404  
Amdt. dated 07/07/2004  
Reply to Office Action of 04/07/2004

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**JUL 07 2004**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**OFFICIAL**

|                        |                          |
|------------------------|--------------------------|
| In re: Application of: | :                        |
| Berardino Salvatore    | :                        |
|                        | : Before the Examiner:   |
| Serial No: 09/920,404  | : Tadesse Hailu          |
|                        | :                        |
| Filed: 08/02/2001      | : Group Art Unit: 2173   |
|                        | :                        |
| Title: GRAPHICAL USER  | : Confirmation No.: 5864 |
| INTERFACE              | :                        |

**AMENDMENT A**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of April 07, 2004,  
please amend the above-identified Application as shown  
below and consider the following Remarks.

**Change to the TITLE** appears on page 2.  
**Changes to the ABSTRACT** are on page 3.  
**Changes to the CLAIMS** begin on page 4.  
**Remarks** begin on page 11.

GB920000088US1

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